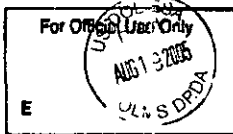


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.


1. File Number U - 11080	2. Fiscal Year Covered From: 1 / 1 / 2003 Through: 12 / 31 / 2004
3. Name and address of person filling. Name Andris J. Silins P.O. Box, Bldg., Room No., if any Street 5 South Street City Brookline State MA ZIP Code + 4 02467	4. Name, file number, and address of labor organization. Name United Brotherhood of Carpenters Labor Organization File Number 000-035 P.O. Box, Building and Room Number, if any 10th Floor Street 101 Constitution Avenue, N.W. City Washington State D.C. ZIP Code + 4 20001
5. Position in labor organization. General Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employment by your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <p>7.b. Amount.</p>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8/10/05 617-232-0115
Date Telephone Number

Name of Person Filing Andris J. Silins		File Number U-																						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.																								
8. Name and address of Business (including trade name, if any). Name Harbaugh Hotels Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1600 Indian Canyon Drive City Palm Springs State CA ZIP Code + 4 92262		9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer																						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Southwest Carpenters Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 533 So. Fremont Avenue City Los Angeles State CA ZIP Code + 4 90071-1706		11.a. Nature of such dealing. The International ports hotel rooms which are managed by Harbaugh Hotels. Furthermore, the hotel is owned by the Southwest Carpenters Pension Trust, which is managed by Harbaugh Hotels. 11.b. Approximate dollar value of such dealing. <u>Unknown</u> 12.a. Nature of interest held or income received. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2/13/04</td> <td style="width: 65%;">Fruit/Cheese/Beverages</td> <td style="width: 20%; text-align: right;">300.00</td> </tr> <tr> <td>2/24/04</td> <td>Candy/ Fruit/ Water</td> <td style="text-align: right;">45.00</td> </tr> <tr> <td>3/28/04</td> <td>Candy/ Fruit/ Water</td> <td style="text-align: right;">45.00</td> </tr> <tr> <td>4/26/04</td> <td>Candy/ Fruit/ Water</td> <td style="text-align: right;">45.00</td> </tr> <tr> <td>9/8/04</td> <td>Candy/ Fruit/ Water</td> <td style="text-align: right;">52.50</td> </tr> <tr> <td>10/27/04</td> <td>Candy/ Fruit/ Water</td> <td style="text-align: right;">52.50</td> </tr> <tr> <td>12/6/04</td> <td>Candy/ Fruit/ Water</td> <td style="text-align: right;">45.00</td> </tr> </table>		2/13/04	Fruit/Cheese/Beverages	300.00	2/24/04	Candy/ Fruit/ Water	45.00	3/28/04	Candy/ Fruit/ Water	45.00	4/26/04	Candy/ Fruit/ Water	45.00	9/8/04	Candy/ Fruit/ Water	52.50	10/27/04	Candy/ Fruit/ Water	52.50	12/6/04	Candy/ Fruit/ Water	45.00
2/13/04	Fruit/Cheese/Beverages	300.00																						
2/24/04	Candy/ Fruit/ Water	45.00																						
3/28/04	Candy/ Fruit/ Water	45.00																						
4/26/04	Candy/ Fruit/ Water	45.00																						
9/8/04	Candy/ Fruit/ Water	52.50																						
10/27/04	Candy/ Fruit/ Water	52.50																						
12/6/04	Candy/ Fruit/ Water	45.00																						
		12.b. Amount. \$ 585.00																						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.																								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		14.a. Nature of payment.																						
13.b. Is the Business an Employer or Consultant ?		14.b. Amount of payment.																						